

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

25540

1. PLACE OF DEATH  
 4 County Christian Co. Registration District No. 25-  
 Township Butler Primary Registration District No. 4019  
 City Butler (No. 5) St. Butler Ward 3

2. FULL NAME Henry Ruochen  
 (a) Residence, No. 7 St. Butler Ward 3  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 7 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ruochen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 - 1842

7. AGE YEARS 91 MONTHS 7 DAYS 29 IF LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 30 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shippensburg, Pennsylvania

13. NAME John Ruochen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin, Germany

15. MAIDEN NAME Went

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin, Germany

17. INFORMANT (ADDRESS) Joseph Reimold

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 8-11-33

19. UNDERTAKER (ADDRESS) W. B. Walker

20. FILED Aug 9 1933 Mary C. Jacobi Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-33 19 33

22. I HEREBY CERTIFY, that I attended deceased from May 10 1933 to Aug 8 1933  
 I last saw him alive on Aug 8 1933 Death is said to have occurred on the date stated above, at 9:50 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
77  
8-11-33  
 Other contributory causes of importance:  
Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) W. B. Walker, M. D.  
 (Address) Washington

